tionist, but a disciple in the school of Comte. He is apparently more thoroughly imbued with the spirit of the "Philosophie Positive" of that author, than with that of the "Novum Organum" of Bacon.

But notwithstanding the formal, and we will even say "doctrinal" errors which pervade the book, it is one of great value, is especially suggestive in its full and graphic accounts of the nervous mechanism in its real or supposed relations to mental action. We can do no less than join the general commendation which it has received, and which on many accounts it merits.

Notwithstanding the wide differences between our own mode of viewing many of the subjects treated and those of our author (and we have by no means exhausted them in this notice), we cannot close without expressing our high sense of the service done by Dr. Maudsley in the province of physiological psychology and mental medicine.

II.—TRANSACTIONS OF THE AMERICAN NEUROLOGICAL ASSOCIATION.

TRANSACTIONS OF THE AMERICAN NEUROLOGICAL ASSOCIATION FOR 1877. Edited by E. C. Seguin, M. D. Vol. II. New York: G. P. Putnam's Sons.

This unpretentious volume of some 200 pages, consists of a resume of the discussions, besides twelve papers presented at the meeting of 1877, and ten of the previous year. The highest praise we can bestow on it is to acknowledge that each article can bear a rigid criticism, which, unfortunately, can be said of but few American society proceedings. But while admiring the originality of the entire work, we ought not to overlook, also, that the different papers are all characterized by an absence of that supreme disdain of foreign literature so prevalent in Amercan writings.

The first paper, by Dr. N. B. Emerson, calls attention to sciatica of syphilitic origin, an affection but little recognized. It is a good instance of a purely clinical study unsupported by post-mortem confirmation. Nevertheless, it seems to us that such papers would gain by greater conciseness of style.

In an article on the "odor of the human body in certain nervous affections," Dr. Hammond relates several cases in which some parts of the skin exhaled an odor of violets or pineapple. An analysis of the sweat rendered it probable that the odor was due to traces of butyric ether. In one case the desired suppression of the odoriferous perspiration was affected by the continued use of salicylate of soda.

Under the title, "Spinal irritation in children as related to true and false arthropathies," Dr. V. P. Gibney cites forty cases, many of which, however, correspond by no means to the description of that ill-defined group of symptoms known as spinal irritation. Some evidently, are cases of spondylitis, others are instances of chorea. Such was also the opinion of many members who took part in the discussion. The import of the paper is, that there existed symptoms of disease of different joints together with nervous disturbances, especially tender spots over some vertebræ, and that the majority of the cases were relieved, and many cured by treatment directed to a supposed spinal trouble, mostly in the shape of blisters. The therapeutic lesson to be derived from these cases is a very instructive one. The pathological relations, however, are nothing more than suggestive. That real joint diseases may have a nervous origin is proven by their occurrence in ataxic troubles. The cases of Dr. Gibney, however, inform us neither as to the anatomical changes in the joints nor as to the condition of the spinal cord. Some of the cases remind strongly of the nervous mimicry of joint diseases described by Brodie, Esmarck, Paget, and others, to which authors, however, we find no reference in the paper.

Of Dr. Schmidt's paper on "Nervous ganglionic bodies," but little can be said. The accompanying diagram is of but slight service.

Dr. Beard's report on the "Epidemic Tetanus of Eastern Long Island," culminates in the following statements:

For the last three-quarters of a century there has been an endemic tetanus in certain portions of Suffolk county. It consists of both the traumatic and spontaneous varieties, and affects animals as well as man. This endemic abounds most in the towns of the south side, especially at the Hamptons; is less common in the central towns, and on the north side and in Montauk does not exist. The endemic has been on the decline for the past ten or fifteen years. and in the central portion (excepting Riverhead) no longer exists. For the causation there are three conceivable theories: geology, the use of fish on the land as manure, and dampness in the air. The theory based upon geology, and advocated by Dr. B. D. Carpenter, who has studied the subject, appears to be disproved by the decline in recent years. Geological conditions are constant factors. In favor of the fish on the land theory, is the occurrence of the disease in those localities where fish are the most used, and the decline of the disease with the decline in the use of fresh fish as manure. Dr. Beard thinks, however, that the facts up to date seem to favor the theory of dampness in the air, combined with the local dampness of the soil. Dr. Beard would treat a case of tetanus by Calabar bean (English preparation), in small doses every hour, or half hour, so as to affect the pupil, and at the same time apply ice-bags to the spine. As suggested by Dr. Carpenter, the patient should be kept absolutely quiet if possible. The local application of the oil of turpentine to all wounds is practiced by a number of the physicians of Suffolk county, and is to be recommended. The apprehension felt by New York surgeons, that tetanus is likely to follow surgical operations in Suffolk county, is not justifiable by the facts as they now stand. That the interest in the paper would have been materially increased by judicious condensation (instead of 25 pages), is scarcely doubtful.

Dr. E. Dupuy's paper on hereditary epilepsy recapitulates, in an interesting manner, the well-known phenomena of epilepsy artificially produced in the Guinea pig by Brown-Sequard's method. As regards its hereditary transmission, Dupuy claims to have met with it but very rarely: but does his experience entitle him to deny the validity of the somewhat contradictory facts observed by Obersteiner? He further states that such young Guinea pigs are never born epileptic, but become so after six or seven weeks. He has also seen the vice transmitted through five generations in leaps, of some twenty descendants of epileptic parents, but those were affected with the disease. As regard's Dupuy's hypothesis on the transmission of the morbid tendency through Balbiani's "vesicule embryogenique," nothing can be said further than that it is purely gratuitous.

A second paper, by the same author, on the "Seat of vaso-motor centres," is more revolutionary in its tendency than is justifiable by the facts adduced. As much as we can divine, Dr. Dupuy's conception is that vaso-motor fibres do not at all originate in the spinal cord, but take their origin in the ganglionic cells of the arachnoid membrane. But of the authors quoted by him, neither Claude Bernard, nor Chauveau, have proven that vaso-motor nerves do not arise from the spinal cord; nor indeed, do they claim it. That nerve fibres controlling the vessels of the cord itself, re-enter the cord coming from some trunk outside of the rachidian cavity, is a fact that has really no bearing on the question, as to whether vaso motor nerves originate in the spinal cord. If Dupuy has really observed the phenomena following hemisection of the cord, to result simply from an experimental lesion of the membrane of the medulla, the mere statement will not suffice; a fully detailed account of the experiment must be demanded before any claim can be made on our belief. Finally, as regards his experiment on the Gasserian ganglion, which Dr. Dupuy mentions, personal experience has shown us what little value there is in results of irritation in a region as difficult of access as that ganglion.

In the following papers by Dr. J. C. Shaw, on "Ataxia in a child," and "Intra-cranial tumors," Dr. E. Seguin on "Post-paralytic chorea, and "Localized cerebral lesions, and Dr. F. P. Kinnicut, on "Hemianæsthesia," the interest centres in the cases, and no brief abstract would do justice to them.

The following papers are dated 1876, for which year no separate volume appeared. Dr. S. G. Webber's paper on "Paralysis after acute diseases," consists of a few well-studied personal observations, followed by an extensive bibliographical review. Of the cases of paralysis after acute diseases, some are so slight or of such short duration, that their pathology has entirely escaped us. Others more severe and lasting, can be referred to lesions (inflammatory) of the anterior spinal cornua, or the anterior white columns. In the former case there will be muscular atrophy and loss of electrical reaction, and this may be limited to only a few muscles. Destruction of the white columns, on the other hand, causes paralysis without atrophy. A neuritis alone, as the cause of the paralysis, would be of course without spinal symptoms.

Dr. Hammond describes an interesting form of muscular inco-ordination in a small child, occurring only on attempting to walk.

A case of hysterical trismus is narrated by Dr. Shaw, which terminated favorably under the full hypodermic use of atropia.

Dr. Cross summing up his study on the intra-ocular circulation on epilepsy, admits that during the intervals nothing characteristic is seen. Immediately after the fit, he observed retinal congestion, which lasted some hours. During the paroxysm, the fundus has been seen but once, and in that case Hughlings Jackson found retinal ischaemia.

A following paper by Dr. Emerson comprises a full bibliographical account of Tetany together with two personal observations.

Some interesting new observations are communicated by Dr. S. Weir Mitchell in his remarks on the "transmission of electric influence across the middle line of the body." On applying the electrodes on one side of the face not far from the middle line, contractions occurred in the muscles of the opposite side. Mere reflex action was excluded in cases of facial paralysis, where of course the centrifugal route of any reflex was cut off, while the muscles still reacted easily to a constant current passing through the other side of the face. At Mitchell's request, Prof, Barker repeated such experiments with a galvanometer and found that induction currents may be easily developed at a distance through imperfect conductors by very moderate (galvanic) currents. These *distant* contractions are therefore the result of secondary currents induced in the tissues at some distance from the primary current.

Two casuistic papers by Dr. Shaw cannot well be made the subject of an abstract.

Dr. J. J. Putnam has repeated the experiments of Brown-Sequard and Dupuy on the use of carbonic acid gas, in the treatment of headache, with no very satisfactory results. Out of nine cases but two were relieved by the inhalation of the gas through the nostrils.

The last paper is by Dr. Jewell on Athetosis, in which he attempts to trace the symptoms of his case to their cause. Such a study is quite fascinating and in fact very useful in guiding us in what direction to continue the research. But as long as the so-called functional disorders have not found their true explanation in autopsies, and since they cannot be satisfactorily reproduced in animals, all attempts at their pathogeny must necessarily suffer from great uncertainty. In terminating Dr. Jewell proposes to identify athetosis with post-hemiplegic chorea; as compared with ordinary chorea, the prognosis in athetosis is decidedly more grave.

If, in presenting these brief abstracts, we have rather neglected the purely clinical papers, it is not from any want of appreciation. Reports of cases, the essential features of which are stated in concise terms as they should be, bear no further condensation without loss of interest.

The American Neurological Association has during these three years of its existence, lived up to the project of its founders both in the work it has accomplished and in the impulse it has given.

H. G

III.—THE INTERNATIONAL MEDICAL CONGRESS.

TRANSACTIONS OF THE INTERNATIONAL MEDICAL CONGRESS OF PHILADELPHIA, 1876. Edited for the Congress by John Ashhurst, Jr., A. M., M. D. Philadelphia: Printed for the Congress, 1877. 1,153 pages.

I. The "Transactions" of the first International Medical Congress held on American soil lie before us, and we have every reason to be proud, not only of the encomiums awarded to American medical science by the distinguished foreign delegates in their papers and addresses, but also of the valuable work done in the various sections. Many of the addresses, especially those by Woodward and Chaille, were excellent *resumés* of the work done in certain fields on this side of the Atlantic, and the sections on Biology, and many of the special branches, report considerable progress. It is to be regretted that, as will be more fully shown when we come to review that field, the only section whose work falls more especially within the scope of this Review, than which no other deals with a higher, nobler, or more suggestive subject, that on Mental Diseases, should not only not have reached mediocrity, but absolutely fallen far below par.

It is daily becoming more and more apparent that the immense amount of clinical and pathological material accumulated, and